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FEE TRANSMITTAL FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (check all that apply)  Check Credit Card Money Order Occasional Money	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
For FY 2009    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 1,430.00   Attorney Docket No.   3884-0127PUS1					Application Nu	mber	10/582,241-Conf. #2866		
For FY 2009    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 1,430.00   Attorney Docket No.   3884-0127PUS1	FEE TRANSMITTAL				Filing Date		June 9, 2006		
Application Type  Fee (\$) Fee					First Named In	ventor	Young-Hoon PARK		
METHOD OF PAYMENT (check all that apply)	FOFFY 2009				Examiner Name	9	Q. Nguyen		
Check	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1633		
Check Crudii Card Money Order None Other tplease identify:    Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 1,430.00				Attomey Docket No. 3884-0127PU			<b>61</b>	
The proposit Aucount   Deposit Aucount   Deposit Aucount   Number   C2-2448   Deposit Aucount   Name   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (see(s) indicated below, except for the filling fee (s) indicated below, except for fee (s) indicated below, except for fee (s) indicated below, except fee (s) indicated below, except for fee (s) indicated below, except for fee (s) indicated below, except for fee (s) indicated below. Except fee (s) indicated belo	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments   X   X   X   X   X   X   X   X   X	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit and overpayments   X   Credit any overpayments   X   Credit and overpayments   X   Credit any overpayments   X   Credi									
Fee   Sunder 37 CFR 1.16 and 1.17     SEE   CALCULATION									
Search   S	Charge any additional fee(s) or underpayments of Credit any overpayments								
Filling FEES									
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type		F		SE					
Utility	Application Type	Fee (\$		Fee (\$				Fees Paid (\$)	
Plant   220	· · · · · · · · · · · · · · · · · · ·	-							
Plant   220	Design	220	110	100	.50	140	70	<del></del>	
Reissue   330   165   540   270   650   325	•	220			165		85		
Provisional   220   110   0   0   0   0   0   0   0									
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each claim over 30 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Tee (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  Fee P		·						<u></u>	
Fee   S   Fee				Ū	V	V	U	Small Entity	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  4 20 or HP x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  An an HP = I x = I Fee (\$) Fee Paid (\$)  An an HP = I x = I Fee (\$) Fee Paid (\$)  An an HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof  (round up to a whole number) x = Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  1801 Request for continued examination (RCE) (see 37 810.00 for continued examination)	Foo (8)								
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	Tee Description								
Total Claims  4 20 or HP x = Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  See Paid (\$)  Fee Paid (\$)  A 3 -3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  1801 Request for continued examination (RCE) (see 37 810.00 fee 0.00*								220 . 110	
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HP = highest number of total claims paid for, if greater than 20.  Indep. Claims					ee Paid (\$)	ļ	Multiple Depende	ent Claims	
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3 -3 or HP = x =  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =  4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 620.00*									
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1253 Extension for response third month 620.00*									
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Signature (Attorney/Agent) 42,874 Telephone (703) 205-8000	Signature	Control	1-4-475	75		42,874	Telephone	(703) 205-8000	
Name (PrinvType) Craig A. McRobbie Co. Date June 5, 2009	Name (Print/Type) Craig A. McRobbie Co. Date						Date	June 5, 2009	

<sup>\*1&</sup>lt;sup>st</sup> and 2<sup>nd</sup> month paid 5-5-09